

THE CHRISTIE PEDIATRIC GROUP, P.A.,

9 MILLS AVENUE

TELEPHONE 242-4840

GREENVILLE, SOUTH CAROLINA 29605

File 6451-A

Name	Williams Charles Christopher	Date of Birth	12-11-82	Sex	M	Race	B
Address	103 Diamond Drive Taylors SC 29687			Phone	268-4273		
Father	Mr. Dought C.	Age	33	Occupation	Health Teacher		
Mother	Ms. Daisy	Age	34	Occupation	Cavalier's Blouse		
Referring M.D.	Health Dept	Other Referral		Phone 288-0311			

IMMUNIZATION RECORD

Polio (Trivalent OPV)							
DPT							
DT							
Hepatitis							
Measles							
Mumps							
Rubella							
Tuberculin (Tine)	1100 10-14-83						

Drug Allergies NKDA

Special Problems 5

Mom says
Christopher
is UTD on
his shots -
will bring
record.

C.C.

Date

10-14-83

Family History

Father

33
34

2 tw

Mother

Gr.

II

Para

II

Ab.

0

Siblings:

Marie 12

Family Diseases (TB, DM, Etc.)

POP- ↑ BP

Past History

B. wt.

7-2

Length

?

Days in Nursery

3 days

Pregnancy (Length, problems, etc.)

normal preg + delivery

Neonatal condition (Jaundice, resp. distress, etc.)

good

Feedings (Breast or formula, age of weaning, etc.)

Sim, c Fe

Serious illnesses, accidents or hospitalizations

none

Allergies, esp. drugs

NKA

Growth and Development

Sat

5 mo

Walked

—

Talked

—

Toilet Trained

—

Current Medications

None

APR 26 1983

T-104 (C)

fast
Gund 8

W7 1616

Chris was a new patient in today because of an illness. They called last night and said he had fever to 100-101 but was sleeping. They said he was coughing but no other symptoms. I suggested they give some Tylenol and call back if he had more difficulty during the night but if not we would see him this morning. This morning his fever is 104 and he is cranky, coughing but no vomiting. They said he did have a cold last week.

PE: Normal except he is fussy as can be. Has a dull injected tympanic membrane on the right. Neck supple, lungs clear. Abdomen fine. Fontanel soft.

IMP: Otitis media but because of his age, the fever and extreme fussiness I did a spinal tap. The spinal tap was done without difficulty, the fluid was clear and colorless. Had 1 white cell, no red cells, normal glucose of 66 and normal protein of 30.

RX: He was put on Amoxicillin 125 mgs. t.i.d. for 10 days. They will call if he has more difficulty today or tomorrow. If he continues to do well we will see him for a recheck and new patient workup next week. (S)

MAY 2 1983

T. 99.4 (C)

Christopher was in because he continued to cough and have a little fever over the weekend. He would cough and then throw up. He was taking Amoxicillin pretty well.

PE: Normal except the left tympanic membrane was still injected and full. He had a few rhonchi in his chest but neck supple, lungs otherwise clear. Epiglottis normal. He was alert, active and in no acute distress. Fontanel was soft.

IMP: Unresolved otitis media.

RX: Switch to Ceclor 125 suspension 3/4 tsp. three times a day for 5 days. If he is getting better they will refill it and take it for 10 days. If not better in a couple of days the parents will call. His spinal fluid culture was still negative. (S)

MAY 5 1983		AGE	m.
MAY 2 1983			
EIGHT	HEIGHT	cm	
W.D.	CHEST	cm	
ST	%		
CD.	Gm	URINE	
BN.	AUDIO		
s. L20/	R 20/	O	
P.	/	F	R

JUN 22 1983

T-101 (C)

Christopher is in because he started running fever yesterday. No other symptoms, except a little fussy.

PE: Normal, except he is a little cranky. Neck supple, lungs clear, ears fine, abdomen normal. He does have what looks like some little sores beginning on his posterior pharynx.

IMP: Probably current vira- syndrome.

BBB F S RAM

RX: Reassurance. Supportive measures. Call back if more problems. Also urged them to get him in for a regular check-up. (S)

6-7-83 - Phone Note: cough with matted eyes. Sodium Sulamyd oph. called in. (N)

SEP 27 1983

CHRIS WILLIAMS

T-100.8^{8P}

Chris is in because he has had fever, fussiness over the past couple of days. He did have a cold last week.

PE: Normal except he has dull injected tympanic membranes bilaterally. Neck supple, lungs clear, abdomen fine.

IMP: Otitis media.

RX: Ceclor 125 mgs. t.i.d. for 10 days and return for recheck. Also urged to get him in for a regular checkup this time also. If he is not better in a day or so the mother will call. (S)

DATE <u>OCT 14 1983</u> AGE <u>10 mo.</u>	
<u>30</u> in.	
WEIGHT <u>18-15</u>	HEIGHT <u> </u> cm
HEAD <u>44</u> cm	CHEST <u>45</u> cm
HCT <u> </u> %	
HGB. <u> </u> gm	URINE <u> </u>
VBN. <u>Neg</u>	AUDIO <u> </u>
Vis. LLO/ <u> </u>	R 20/ <u> </u>
B. P. <u> </u> / <u> </u> T <u> </u>	O <u> </u> R <u> </u>

In for checkup. No particular problems. Generally easy to manage. Fairly good appetite and mother said he is interested in the bottle mainly. does not like too many foods. Sleeps well.'

PE: Both ears firey red and full with poor landmarks. Otherw no findings.

IMP: Doing fine except for otitis media.

RX: Amoxicillin 125 t.i.d. for 10 days. Told mother to work on finger foods and see if he would enjoy these better, and cut back on the bottle and this would increase his appetite for solids better. Talked about compartmentatio and return in 10 days to recheck the ears. (T)

OCT 26 1983

DEC 27 1983

DEC 27 1983

2-16-84 PHONE NOTE: Phenergan supp. #4 12.5 mg. called in. (S)

EB 17 1984

T-99.8^{8P}

Wt -20-14

Christopher is in because he had vomiting and diarrhea for a couple of days. Called in some suppositories for him yesterday and the vomiting has just about stopped but he still has diarrhea.

PE: Normal except he has hyperactive bowel sounds but he is alert and active. Neck supple. Lungs clear. Ears fine. He is not dehydrated.

IMP: Resolving gastroenteritis.

RX: Reassurance. Continue clear liquids and suppositories as needed. Call back if more problems. (S)

MAR 23 1984

Chris is in with fever and little congestion.

PE: He had a right otitis media, also injected throat. No adenopathy. Neck supple, chest clear.

IMP: Right otitis media and pharyngitis.

RX: Amoxicillin 125 t.i.d. for 10 days. (T)

PHONE NOTE: 4-18-84 Seen yesterday with rash. Switch to Amoxicillin 125 mg. (A)

Christopher Williar

JUL 17 1984

Chris is in because the father feels his right eye deviates to the right when he looks up.

PE: When he does look up his right eye wanders over laterally.

RX: Have Dr. Jervey or Dr. Shaw see him. (T)

JAN 15 1985

4-23-86 Trans. Chart to Greer Pediatrics.

4/23/90 Bad Subt Write-off KOT

0426-20

PATHOLOGY ASSOCIATES OF GREENVILLE, P.A.

8 MEMORIAL MEDICAL COURT — LABORATORIES — 295-3482

GREENVILLE, SOUTH CAROLINA

STAT

Name Williams, ChristopherAddress Please call 242-4840PHYSICIAN Cary Stroud

Laboratory Misc.

DATE REQ.	TEST REQUESTED
4-26-83	Spinal Fluid
DR	
4-26-83	
ko	SPECIMEN
DATE DONE	RESULTS:
4-27-83	Glucose - 66 mg/dl
ced	Normal - 50-80
TECHNOLOGIST	Protein - 30 mg/dl
BO/ke	Normal - 9-46
	PC Pathologist

0426-20

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GREENVILLE, SOUTH CAROLINA

STAT

6451 Name Williams, Christopher

Address Please call 242-4840

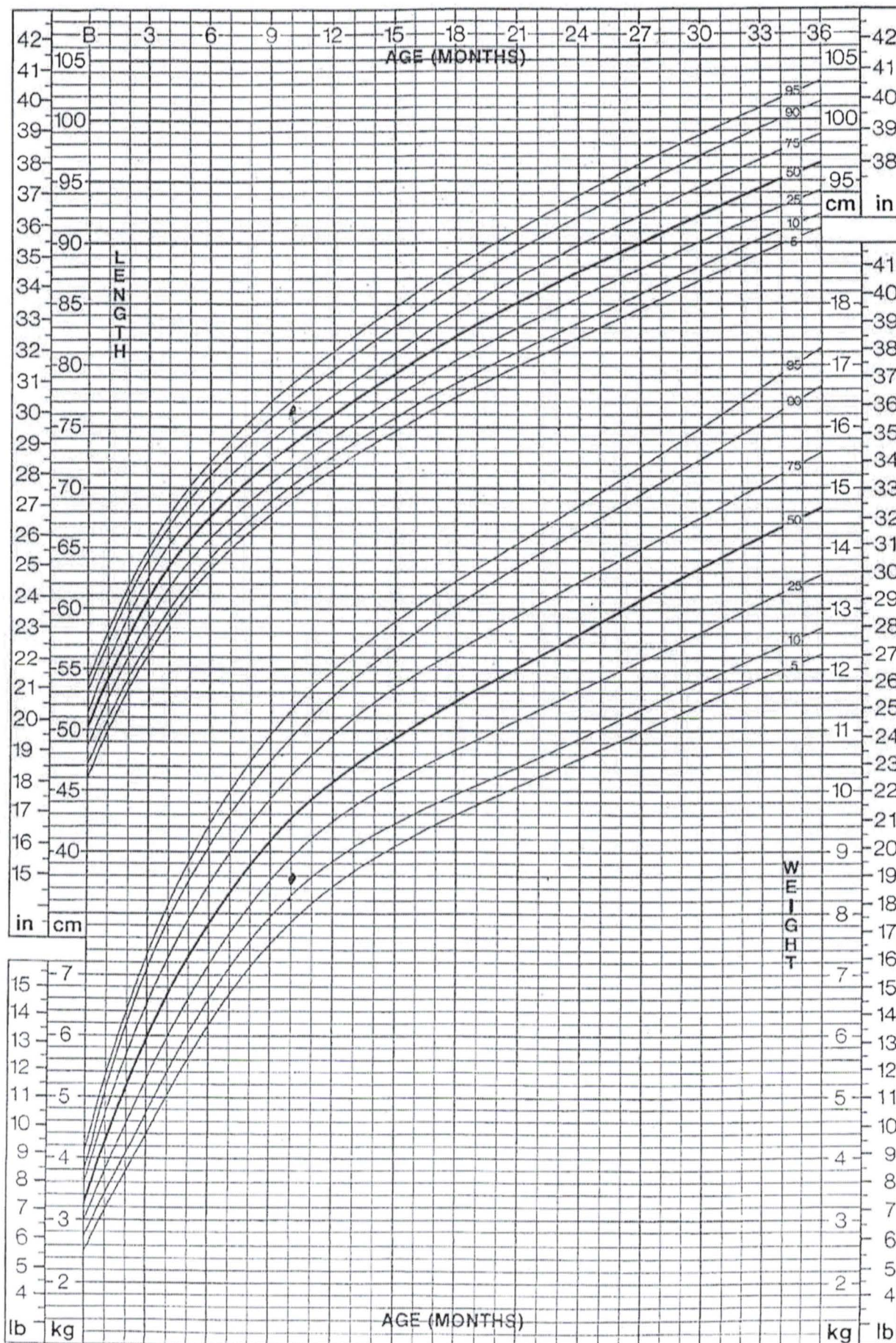
PHYSICIAN: Cary Stroud

Laboratory Misc.

DATE REQ.	TEST REQUESTED	
4-26-83	Spinal Fluid	
DR		
4-26-83		
ko		
DATE DONE	SPECIMEN-	Total Cells <u>1/mm³</u>
4-27-83	RESULTS:	
	RBC	<u>0/mm³</u>
	WBC	<u>1/mm³</u>
TECHNOLOGIST	Diff.	
AC Jd/		
	Pathologist	

BOYS: BIRTH TO 36 MONTHS
PHYSICAL GROWTH
NCHS PERCENTILES*

NAME Chris Williams RECORD # 6451 A



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*Adapted from: Hamill PVV, Drizd TA, Johnson CL, Reed RB, Roche AF, Moore WM: Physical growth: National Center for Health Statistics percentiles. AM J CLIN NUTR 32:607-629, 1979. Data from the Fels Research Institute, Wright State University School of Medicine, Yellow Springs, Ohio.
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HAROLD E. SHAW, JR., M.D., P.A.
7.B CLEVELAND COURT
GREENVILLE, SOUTH CAROLINA 29607

OPHTHALMOLOGY
NEURO-OPHTHALMOLOGY

August 27, 1984

TELEPHONE
803/271.3354

Carey Stroud, M.D.
Christie Pediatric Group
9 Mills Avenue
Greenville, S.C. 29605

6451

Re: Christopher Williams

Dear Carey,

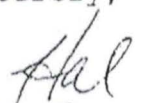
Thank you for the opportunity to see Christopher Williams. As you know this 21-month-old black male has been noted for the past few months to have a deviation of his right eye when he looks up.

On examination today Christopher fixed and followed well with either eye. Cycloplegic refraction measured +50 OU. He had good optically elicited responses. Motility testing revealed orthophoria in primary position which broke into an exotropia in upgaze. He had prominent bilateral inferior oblique overaction. His examination was otherwise normal.

In summary, Christopher has a V pattern exotropia and is orthophoric in the primary position. I would like for him to see Ellen Whitworth for orthoptics evaluation and then we will continue to follow him at regular intervals. At the present time, no other treatment is indicated.

Thank you again for referring Christopher.

Sincerely,


H. E. Shaw, Jr., M.D.

HES/jj

cc: Ellen Whitworth